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ABSTRACT

Current minimum competency testing (MCT) practices noted in the literature through Fall, 1979 are reviewed, and guidance for establishing suitable programs for handicapped students is provided. The provisions of The Education for All Handicapped Children Act of 1975 and Section 504 of the Vocational Rehabilitation Act of 1973 are analyzed in terms of their impact on MCT programs, including provisions for equal educational procedures, and individualized education program (IEP) provisions. The different interpretations of state MCT programs are described in terms of purpose, content, procedures and locus of control; and five different ways of accommodating the handicapped are delineated. Concerns are raised about: the broad discretion and authority given to local educational agencies (LEAs) in modifying tests for the handicapped without guidance from the state educational agencies (SEAs); the possible lack of protecting the rights of handicapped children; and general lack of involvement of special educators in planning for MCT programs. Regional Resource Centers (RRCs) are available and able to provide the following technical assistance to SEAs: (1) defining critical issues regarding testing and listing alternative approaches; and (2) providing educational follow-up such as workshops, planning sessions, and position papers. (Author/RL)

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Resource Report No. 1

MINIMUM COMPETENCY TESTING and HANDICAPPED STUDENTS

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MINIMUM COMPETENCY TESTING AND HANDICAPPED STUDENTS

Analysis of the State-of-the-Art of
Service Delivery and
Technical Assistance Activities
Provided by SEAs and LEAs
Under P.L. 94-142

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Foreword

With the significant expansion of educational programs for the handicapped as a result of recent legislation, most notably Public Law 94-142: The Education for All Handicapped Act of 1975, it is imperative that states be provided with the necessary support systems to implement such programs as the law requires. Often, what is needed most is information: that is, best practices, work on the development of models and systems, and current definitions to implement legislation. This type of information is often categorized as technical assistance, but it is information, nonetheless.

In 1970 the authors of Public Law 91-230 (Education of the Handicapped Act), Part C, anticipated the need for information by providing for a national program of Regional Resource Centers (RRCs) "which will develop and apply the best methods of appraising the special educational needs of handicapped children referred to them and will provide other services to assist in meeting such needs." Currently, RRCs provide technical assistance to state education agencies (SEAs) and through them to local school districts and handicapped children. There have been a number of work-scope definitions and regional configurations for RRCs during the past eight years. During this period, the RRCs have demonstrated flexible and successful means of providing states with technical assistance.

As the sharing of information continues within the RRC system, it is apparent that general national concerns emerge. What happens, however, is that a multiplicity of uncoordinated efforts are expended toward finding a solution, when the answer might best be sought through a coordinated effort. To this end, a series of Resource Reports has been established by the RRCs.

By virtue of their close association with all of the states, RRCs are in an advantageous position to feel the national pulse with regard to the critical life signs in special education; the RRCs have access to needed information. When an issue is identified as a significant national concern, usually by common consensus of the RRCs (though there may be no formal pronouncement of the fact), an RRC will undertake to research the issue and present the results of this effort for review. In this way, a center or a consortium of centers may tackle a particular issue with the confidence that the issue is either unique to the region(s) or that it is of significant national concern. Through a carefully designed process of review and editing, Resource Reports are created by the RRC system to formally address these critical issues in a timely fashion.

It is hoped that as more and more of these issues are addressed, there will be time for a look at additional emerging issues. Thus, the Resource Reports may serve as a means of addressing the issues before they become critical. The Resource Reports then serve both a short-range purpose and a long-range function. In either case, they are to provide the basic information needed in the development of educational programs for the handicapped.

James A. Tucker,
Editor

Preface

A recent study was conducted by Rosewater (1979) to investigate current practices in Minimum Competency Testing (MCT). In her conclusion Rosewater noted that:

> . . . ill-deliberated and discretionary treatment of handicapped students in (MCT) programs may result in actual and potential harm to many of them.

Close scrutiny of all educational programs affecting handicapped students must be undertaken to avoid the possibility of discrimination. This paper provides a review of current (MCT) practices and offers guidance for establishing suitable programs for handicapped students, so that potential discrimination may be avoided. It should be noted that literature on MCT continues to grow. This paper covers only the literature available through Fall, 1979.

The information in this Resource Report is an outgrowth of the authors' work with the client states of their respective Regional Resource Centers (Mid-East Regional Resource Center: Delaware, Maryland, North Carolina, West Virginia; Mid-South Regional Resource Center: Kentucky, Tennessee, Virginia). In response to state requests for technical assistance, the authors were involved in the development of an MCT resource packet; prepared a review of the literature related to MCT; designed and implemented a multistate workshop on MCT; conducted a survey of the RRC network as to current RRC-MCT practices; surveyed State Directors of Special Education through NASDSE regarding state MCT practices; and worked with advocacy groups, state CEC and NEA organizations, parents, and SEA and LEA administrators on MCT issues.

The authors wish to express their thanks to the RRC network for their response to the telephone survey. Appreciation also is extended to the following persons for reviewing this document prior to publication: Robert Sterrett, Mid-South RRC; Linda Foley, MERRC; John Taylor, Louisiana State Department of Education; Marcy R. Perkins, National Evaluation System, Inc.; Phillip Grisé, Florida State Department of Education. However, the authors take full responsibility for the content of this paper.

JLL, KRO

Introduction

During the past few years, the American public has raised a number of questions regarding the quality of education that public school students are receiving, and has pointed to declining test scores as evidence to support their concerns (Gallup, 1979). Parents have voiced concern about whether or not their children will have the necessary skills to meet the challenge of everyday life once they leave school. Employers have reacted with dismay over the lack of basic skills in their employees. Even within the field of education, educators have indicated their frustrations in teaching students who have not mastered basic skills (Altman, 1979).

State legislatures, state boards of education, and local boards of education have responded to this concern by mandating, either by legislation or through new standards and regulations, that a Minimum Competency Testing (MCT) program be designed and implemented. Depending on the criteria used in interpreting MCT programs, there are anywhere from 28 (Perkins, 1979) to 36 (Pipho, 1979) states that have some form of MCT program.

As Rosewater (1979) points out, the early movement of establishing MCT programs was directed at all students with no differentiation made among capabilities. During the first development of MCT programs, little consideration was given to the needs of the handicapped student. Furthermore, there was and still is little empirical data as to the benefits or liabilities that might accrue to handicapped students involved in minimum competency testing programs (NASDSE, 1979). The available data are based on opinions regarding what needs to take place and what might happen if handicapped students are included in or excluded from these programs (Danielson, 1978; Fenton, 1978; Kennedy, 1978; McClung and Pullin, 1978; NASDSE,1978; Rosewater, 1979).

What will follow is a review and examination of issues and concerns related to the participation of handicapped students in MCT programs, for the express purpose of expanding awareness among special educators and related personnel. It is the hope of the authors that those responsible for implementing MCT programs will find the subsequent recommendations and suggested resources helpful as they seek to resolve the problems inherent in the inclusion of the handicapped in such programs. The information presented in this resource report has been divided into: (1) Background—a review of pertinent laws, regulations and current practices in MCT programs, (2) Concerns and Recommendations—a discussion of issues delineated in the literature and a listing of recommendations and resources, and (3) A Summary.

Background

Laws and Regulations

Specific implications applicable to MCT for the handicapped can be derived from The Education for All Handicapped Children Act of 1975 (P.L. 94-142) and Section 504 of the Vocational Rehabilitation Act of 1973. In both general and specific terms, the Acts mandate that handicapped students must be provided a free and appropriate public education. This provision is also addressed in the Vocational Education Act of 1963 as amended in 1976 (P.L. 94-142). Section 504 of the Vocational Rehabilitation Act of 1973 states that:

> . . . no otherwise qualified handicapped individual . . . shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

Whether or not handicapped students can participate in an MCT program is not the question; by law (Section 504) they must be allowed the opportunity to participate.

While Section 504 is a pervasive legislative mandate, P.L. 94-142 speaks specifically to the rights of the individual in educational settings. The evaluation of a handicapped student must be on an individual basis; that is, it should be tailored to the individual's specific needs. This requirement does not preclude using MCT instruments with handicapped students—provided that the tests and standards are developed and administered appropriately, the results are valid, and are interpreted by a team of persons familiar with the individual.

Protection in Evaluation

As MCT involves student evaluation and may ultimately result in a handicapped student's educational program being changed, the protection in evaluation components of P.L. 94-142 and Section 504 need to be considered. P.L. 94-142 specifically requires that tests and other evaluation materials must (1) be administered in the child's native language; (2) be validated for the specific purpose for which they are being used; (3) be administered by trained personnel; (4) provide more than a single intelligence quotient, that is, assess specific educational needs; (5) accurately reflect aptitude or achievement and not handicap; (6) involve more than a single procedure; (7) involve a multidisciplinary team; and (8) involve assessment in all areas of suspected disability. (Section 121a 532, P.L. 94-142 regulations, pp. 42496-7.)

Due Process and Equal Educational Opportunity

Section 504 provides safeguards against any handicapped students being denied access, solely because of a handicapping condition, to programs available to the non-handicapped. Five states currently tie MCT to graduation, and seven more will tie MCT to graduation requirements by 1982 (Perkins, 1979). Failure to pass an MCT does not mean that a student will not graduate, since other requirements such as Carnegie units may be the prime determinant for graduation and receiving a diploma. What might ensue is the awarding of a non-standard diploma that differentiates between those who pass and fail an MCT (NASDSE, 1979). The condition of passing an MCT to obtain a regular diploma may exacerbate the historical problem of awarding non-standard diplomas for special student (NASDSE, 1979).

The issue of a handicapped student failing an MCT and not graduating, or graduating with a non-standard diploma, is one that needs to be considered in light of a recent court decision. In *Debra P. v. Turlington*, the courts ruled that Florida could not deny a standard diploma to minority students who fail to pass the MCT. The court's reasoning was not that the test was invalid, but that the phase-in period did not allow minorities an adequate period for adjustment to a new set of standards. Due to past discriminations in a segregated state, a double set of standards had previously existed. Similar reasoning could lead one to conclude that handicapped students, though recently returned to regular education, have not had "equal educational opportunity" to acquire the minimum competencies. Kaluzny (1979) argues for using a "grandfather clause" since P.L. 94-142 has only been in effect since 1977. Prior to that year, most handicapped children received little or no remedial help in the elementary and junior high grades, therefore a phase-in period should be established to allow these students to catch up.

However, if passing the MCT is linked to receiving a standard diploma, a number of issues arise regarding student rights: Lewis (1979) implies that students have the right to due process under the Fourteenth Amendment if they feel their interest in a high school diploma is abrogated by unreasonable and arbitrary official action. Lewis further questions whether a high school diploma is a "liberty" or "property". In *Foss v. Lopez* (419 U.S. 565, 1975), the Supreme Court required that a suspended student be given prior notice of the suspension. Lewis interprets this as evidence that a student's public education is "property". In *Greenhill v.*

Bailey (519 T. 2d 5, 8, 1975), the courts held that the diploma was a form of "liberty" in that it allowed an individual freedom to pursue employment.

It appears that the courts will address the effects (i.e., potential stigma, second-class citizenship, inability to gain employment) of a non-standard diploma awarded to a handicapped student. In a recent Florida study, Westling (1978) found that there were no negative effects for awarding a non-standard diploma to handicapped students. In a case pending in New York, the Northport - East Northport school district won a court injunction against revealing the names of two handicapped students who received a New York state standard diploma without taking the required state competency test. The New York State Education Agency requested that the school district revoke the diplomas and make note of the action in the students' permanent record files. The issue appears to be whether denying the handicapped students this high school diploma would deprive them of opportunities and benefits available to other students.

Current Practices in Regular Education

States have not responded uniformly to mandates for MCT programs, but have varied in the following areas:

1. Purpose (why MCT programs are being implemented).
2. Content (what areas MCT programs are measuring).
3. Procedure (how MCT programs are being implemented).
4. Locus of Control (who is responsible for implementation).

The National Education Association (NEA) Task Force on Testing identified the purpose for testing competencies as follows:

> The major use of tests should be to improve education—to diagnose learning difficulties and to plan learning activities in response to learning needs. Tests must not be used in any way to label or classify students, to track into homogeneous groups, to determine educational programs, to perpetuate an elitism, or to maintain some groups or individuals "in their place" near the bottom of the socioeconomic ladder. In short, tests should not be used in ways that will deny any student full access to equal education opportunity.
>
> (NEA, 1978)

Purposes

The purposes for MCT programs may be classified under two major categories: Formative Evaluation and Summative Evaluation. A formative evaluation is designed to make ongoing program improvement and/or individual pupil decisions, whereas a summative evaluation is designed to make judgements of the degree to which larger outcomes have been obtained. Many programs combine both purposes. Figure 1 shows the two different interpretations already mentioned.

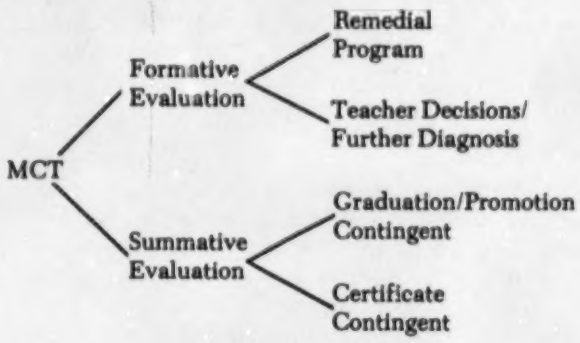

Figure 1: Major Purposes for Minimum Competency Testing

Kentucky (1979) exemplifies a state which has designed a plan purely formative in nature. Children failing to meet the minimum score are subject to further diagnosis. The LEA is responsible for developing a district-wide educational improvement plan which leads to the remediation of deficits. There are no other contingencies tied to the Kentucky MCT program.

Twelve states have identified summative evaluation as one purpose of the MCT program. These states have made graduation, promotion, or a competency certificate contingent upon passing the competency tests (Perkins, 1979). However, virtually all of these states have provided remedial programs to assist students in obtaining a diploma (Lewis, 1979). Students failing a MCT receive certificates of attendance (Glass, 1978; CASE, 1979) or a modified diploma. In Idaho, only students passing the state exam receive a diploma with a state seal (Schrag, 1979). New Mexico issues a diploma with a proficiency endorsement if the test is passed (Pipho, 1979).

Content

Interpretations of the MCT vary in terms of test content. Most states identify specific school skills as priority areas for testing. Lewis (1979) indicates that all states have reading, writing, and arithmetic in their MCT program; for example, Idaho (1977) selected the areas of reading, writing, arithmetic, and spelling for proficiency testing.

Other states have expanded the MCT and defined life-role skills as priority areas of testing. Frequently the assumption is that school skills relate directly to life-role skills; but Brickell (1979) points out that some-

times school skills are taught as the end, rather than the means to achieve an end.

Another distinction made in regard to content is the difference between basic and functional skills. Basic skills involve the testing of addition facts, word recognition, and other simple prerequisites to application. Functional skills are assessed when basic skills are applied in a specific situation. For example, 3x7 = ? is a basic skills question; whereas "How much would it cost to buy seven books at $3.00 each?" is a functional skills question. The majority of states use both functional and basic skill process in the elementary grades, and functional skills in the secondary grades.

Procedures

The procedure used for implementation is another way in which states differ. Some states have developed tests; others have adopted or adapted existing tests. Florida (Fisher, 1978) has made extensive investments in preparing a test that responds to their needs. Other states, for example Kentucky, have adopted an existing test such as the *Comprehensive Test of Basic Skills*. Still others have chosen to adapt existing tests to meet state or local needs (Virginia, 1978; Candor-Chandler, 1978).

Writers agree that domain-referenced tests are preferable to norm-referenced tests when the intent is to make decisions on student needs (McKenna, 1975; Hart, 1978; Shanker, 1978). Data are reported for several purposes: individual student improvement, classroom program assessment, and local and state level status.

Locus of Control

A final area of variance relates to locus of control. Florida, Kentucky, Virginia, North Carolina, and others have adopted state-wide test procedures (Pipho, 1979). California has mandated competency testing but left implementation to local school districts (Pipho, 1979). However, local autonomy is evident in most states when it comes to dealing with the handicapped (NASDSE, 1979).

Accommodations for Handicapped Students

Accommodations for handicapped students may be classified into five categories by combining those identified by Morrissey (1978) and the American Friends Service Committee (1978).

1. *Excluding handicapped students.* In North Carolina, trainable retarded and multiple handicapped students are excluded (Gallagher and Hall, 1979). Maryland excludes handicapped students based on the nature of their placement rather than the nature of their disability (Rosewater, 1979). California, Missouri, Massachusetts, and Vermont use the individualized education program (IEP) to determine whether a student should be excluded from the MCT program (Hull, Garvin, and Withey, 1979).
2. *Establishing different criteria.* Florida has chosen the option of establishing special criteria using special competencies for their EMR, TMR, and Hearing Impaired populations. Morrisey (1978) suggested two other alternatives: 1) tolerance of lower MCT scores, and 2) giving increased weight to other performance indicators such as grades and teacher ratings. As she points out, use of special criteria places new burdens on evaluation personnel for development, field testing, and implementation. Such an option would require extensive monitoring by the state to ensure consistent application. Finally, the potential for reverse discrimination suits (Bakke Case) exists when different standards are applied for minority populations (Morrissey, 1978; McClung and Pullin, 1978).
3. *Modifying test administration.* Modifying test administration has been adopted by a large number of states. Such modifications include reading questions to visually impaired students, providing a Braille copy or large print copy of the test for blind students, using cassettes for the learning disabled and blind students, allowing flexible time limits, and eliminating items which cannot be completed by children with certain handicapping conditions such as eye-hand coordination difficulties. Virginia, Kentucky, and other states have prepared lists of accommodations that would be appropriate for different handicapping conditions. However, these lists do not contain criteria to determine the extent of the accommodation or when to apply the criteria. Idaho has made state-wide test adaptations for handicapped students (Schrag, 1979), but the more common response is to leave the accommodations to the discretion of the local school district (Rosewater, 1979).
4. *Administration of a different test.* Another option for each state is the administration of an entirely different test. In Florida, separate competencies have been developed for the hearing impaired as well as the educable and trainable mentally handicapped. Students have been provided the option of taking the statewide test or a special test (Fisher, 1978). Local districts in other states may also be developing different tests for their handicapped population. McClung and Pullin (1978) have noted that in order that handicapped children be provided equal opportunity, they must

have access to all programs and awards. If a different test using different competencies leads to a different diploma, the MCT program may be in violation of the equal educational opportunity provisions of P.L. 94-142 and Section 504 as described earlier.

5. *No special accommodations.* The final option involves having the students compete with their non-handicapped peers on the same test using the same standards. This could lead to charges of bias if tests are used that have only been validated for non-handicapped students (Rosewater, 1979). The majority of states have taken this option for children such as the speech impaired who are placed in regular classrooms for the majority of the day. In some states, this option has been selected by default, since handicapped students were ignored when the MCT program went into effect (Rosewater, 1979). Many handicapped students initially were tested in Florida with the same tests other students were administered. The Florida State Department of Education indicated that this was an oversight (Florida Teaching Profession, 1978), and extensive work was subsequently done in modifying tests for handicapped students. However, the Florida experience is not unique:

> Initial 1978 proficiency test communications to local school districts from the State Department of Education in Tennessee made no mention of handicapped students. After testing, the Chairman of the State Board of Education issued notice of modifications and adjustments to be used to accommodate handicapped children for the next testing (Cox, 1979). Several states have recognized the special needs of handicapped students; however, the majority of states have not provided specific procedures for making decisions on accommodations (Rosewater, 1979).

Regional Resource Center Activity

The issues surrounding MCT and handicapped students are of increasing importance to the states, and thus to the Regional Resource Centers as providers of technical assistance to the state education agencies. A telephone survey showed two major areas where services are being requested from the RRCs: (1) defining critical issues regarding testing and listing alternative approaches, and (2) providing educational follow-up such as workshops, planning sessions, and position papers.

Defining Issues

States in the Southwest and Midwest regions have asked their RRCs to identify critical issues regarding testing of handicapped students and collect information on alternative approaches used by other states. The Northeast RRC has started such a collection in response to state inquiries. States in the Mid-South and Mid-East regions made similar requests in 1978. In response, the RRCs compiled available literature into a three-volume set which consists of the following:

Volume I	-	Issues to Handicapped Students
Volume II	-	Examples and General Education Issues from Federal and State Levels
Volume III	-	Concerns and Theoretical Issues

This set (1,500 pages) was distributed to the seven Mid-East and Mid-South states to assist in SEA planning. Copies of the bibliography are available through the Information Coordination Services of the Mid-South Regional Resource Center.

Providing Educational Follow-Up

Requests for input from MCT experts and states outside their region elicited the following services from the Mid-South and Mid-East RRCs:

A collaborative state planning workshop for six states (Foley and Olsen, 1979).

Awareness workshops and planning sessions with LEA and SEA administrators (Delaware, North Carolina, Tennessee and Virginia).

Presentations on legal and programmatic issues at conferences of professional organizations.

Position papers and guidelines on MCT for handicapped students (Kentucky, North Carolina, Tennessee and Virginia).

Concerns and Recommendations

Three MCT issues will be discussed in terms of their ramifications for handicapped students. For each issue a number of concerns are stated and then explained. Recommendations are made which may resolve some of the problems. Following each set of recommendations is a list of potential agencies, groups, or products which may be of assistance. The scope of this paper prohibits providing a detailed explanation of each resource.

Modifications in Testing Handicapped Students

Concern: Little data exist regarding the reliability of modified forms of competency tests for handicapped students.

If hearing, visually, and physically impaired children are to participate in minimum competency testing programs, they will need changes in test administration procedures and formats. Nolan (1962) and Davis and Nolan (1961) have demonstrated that modifying test formats and procedures greatly affects test results. When the Stanford Achievement Test was modified, norms became useless even when standardization data were recomputed using only items selected in the modified tests. Some preliminary data on the validity of MCT modifications should be forthcoming from Florida and North Carolina where test development has been completed and testing has taken place.

Concern: The correlation between MCT and the objectives of instructional programs for handicapped students is questionable.

Instruction in the classroom and test content have raised legal questions from writers such as McClung and Pullin (1978), Tractenburg (1977), and Lewis (1979). These issues become an additional concern for handicapped students who have experienced a different instructional program than non-handicapped students. In addition, some children may have only recently been placed in regular classes, allowing an insufficient time to absorb content (Rosewater, 1979; Hull, Garvin, and Whithey, 1979).

Concern: Statewide test adaptations are infrequently produced for local school districts.

It is essential that decisions on modifications for testing handicapped children be made on an individual basis to ensure compliance with P.L. 94-142 requirements (McClung, 1978). However, leaving all test adaptations to local school districts results in duplication of effort. Idaho has provided statewide adaptations such as Braille, large print editions, and video versions for hearing impaired students (Schrag, 1979); but few other state legislatures have expended the initial resources necessary for the preparation of similar adaptations. It is evident that such resources as the American Printing House for the Blind and like institutions have not been used on a broad scale for development work (Watson, 1979).

Concern: Guidelines provided to local school districts are often not specific to handicaps, seldom contain specific decision-making criteria, and allow autonomy without guidance.

When state guidelines regarding the types of adaptations appropriate for handicapped students are provided, they are frequently of a general nature and of little value to a classroom teacher or program administrator. P.L. 94-142 mandates educational decisions be made in a multi-disciplinary meeting during the IEP process. As Rosewater (1979) points out:

> Those state minimum competency programs which refer to the IEP or P.L. 94-142 procedural protections as the basis for determining inclusion or adjustments for handicapped children provide little guidance on how or when to use the protections, or which aspects might be relevant.

For example, a guideline in one state indicates that for the visually handicapped, "the test should be administered individually or in small groups and may be modified by presenting it in Braille, large print, regular print with magnifiers, orally or taped; and, if necessary, using the recorder to mark the answer sheet." Such guidelines do not provide the local school districts with criteria for deciding when an individual child exhibits characteristics appropriate for a certain kind of modification. Watson (1979) has raised serious concerns about needs for changes in syntax and language when adapting minimum competency tests for hearing impaired students. This is not to imply that teachers do not have the skill to make these decisions, but that teachers may use different criteria. This results in inconsistent modifications which may then lead to unreliable results, and to the application of arbitrary standards (Baratz, 1978).

Recommendations

1. Initiate research specific to handicapping conditions in terms of validity and reliability of test accommodations.
2. Develop and validate statewide tests for the

appropriate handicapped populations.

3. Maintain a state resource bank of adapted tests for access by LEAs.
4. Develop and disseminate statewide policy/regulations regarding MCT implementation, specifically defining the roles and responsibilities of the SEA and LEA.
5. Develop specific criteria for decisions regarding test accommodations by applying research findings.
6. Develop procedures such as those proposed by Hull, Garvin, and Withey (1979) which provide for individualized decisions related to a child's IEP, and which are made by persons knowledgeable in both the IEP and MCT processes.

Resources

- Test development organizations
- Federal Basic Skills Funds
- Institutions of higher education, departments of educational and school psychology, measurement, statistics, and exceptional children
- SEA/LEA research and evaluation personnel
- Regional Resource Centers
- Research results of studies being conducted concerning MCT.*
- State Plan Officers from the Bureau for Education of the Handicapped
- Legislature
- Parents
- Students (where appropriate)

Rights and Safeguards

Concern: Automatic exclusion from MCT may be a denial of equal educational opportunity, but automatic inclusion may be a violation of the rights to protection in evaluation procedures.

McClung and Pullin (1978), and Lewis (1979) have described legal precedents which indicate that categorical exclusion of a group of children is in violation of the equal educational opportunity provisions. At the same time, they indicate that students should not be forced to take an inappropriate test. Where exemption from or failure to pass the MCT leads to a certificate of attendance or modified diploma, students or parents must be notified well in advance in order to be consistent with due process rights. Few states have such a policy built into their MCT procedures.

Concern: Any assumption that special education is a remedial placement may deny the rights of the special education student to equal access to MCT remedial programs.

In most states, failure to pass the MCT leads to the development of a remedial program and/or placement in a remedial class (Lewis, 1979). While states may interpret special education as a remedial placement, this is not necessarily the case. Special education programs may develop skills different from competencies assessed on the MCT. Therefore, special education students have rights to remediation, regardless of placement. Feldmesser (1979) suggests that the diploma be separated from a competency certificate, and students be provided as many opportunities as necessary to pass. Under Feldmesser's concept, remedial programs would be provided for as long as a student wished to keep trying.

As permitted by P.L. 94-142, services could continue even after graduation. The implications of providing services to the 17- to 21-year-old handicapped individual are obvious.

Gallagher (1979) indicates:

> There are certainly many unsolved problems with regard to how exceptional children should be treated concerning the Competency Test Programs. We (North Carolina) have some small amounts of evidence now from our spring posttesting that many exceptional children showed very substantial gains in their scores on the basic skills tests following some type of remediation. This seems to us adequate evidence that sufficient challenge has not been given to these youngsters.

Concern: Criteria for the promotion and awarding of diplomas are inconsistenly applied within LEAs, within states, and among states.

The studies by Rosewater (1979) and NASDSE (1979) demonstrate inconsistencies in the use of MCT data for awarding diplomas. Some of these differences relate to the purposes of MCT. More often, these differences are the result of the lack of standards relating success on the MCT to graduation. Such inconsistencies could lead to a situation involving two students with similar handicaps, one of whom receives a diploma without taking the competency test, and the other who takes and fails the test and does not receive a diploma. The consequences of these practices become more complex when combination of placements, levels of handicap, and exemption/exclusion policies are considered. A student originally exempt in one local school district could be moved to a new district in his

*For example, the National Institute of Education has funded a study by National Evaluation Systems, Inc., which proposes to 1) describe in detail the various state MCT programs, 2) develop a schema for categorizing programs on various dimensions (e.g., the purposes, content, procedures, and locus of control dimensions used in this paper), and 3) develop resource materials which provide alternative strategies to various aspects of MCT (Shoemaker, 1979).

senior year, and be required to take the MCT. The issues of discrimination and due process can be brought to bear in such situations (Baratz, 1978).

Recommendations

1. Establish the exceptional child's right for access to all educational programs, and communicate that automatic exclusion is discriminatory.
2. Develop and disseminate standard decision-making criteria and procedures for inclusion, exclusion, and modifications.
3. Develop statewide standards and criteria which provide for consistent diploma-awarding priorities across districts.
4. Develop a policy outlining special education students' rights to MCT remediation programs.
5. Initiate research on the effects of minimum competency testing on handicapped students, answering questions posed by Gallagher and Hall (1979):

   > What distinguishes those handicapped students within a specific group who passed and those within the same group who failed? In fact, is there some evidence of mislabeling? Were past instructional methods different for the two groups? Are some instructional methods better than others? If so, what are those methods?

Resources

- Legal interpretations of P.L. 94-142 and case law as presented by Lewis (1979)
- Regional Resource Centers
- Office of Civil Rights
- The Center on Law and Education
- The Center on Law and the Handicapped
- State Attorney General
- LEA Attorneys
- BEH State Plan Officers and Policy Development Branch
- National Institute of Education

Relationships Between Special Education and MCT

Concern: Special educators have been infrequently involved in the design of MCT programs.

The public's concern about the quality of education was greeted by legislatures and boards of education with mandates for immediate implementation of MCT programs (Pipho, 1979). However, special educators were not always included in the planning process. The experiences of several states in having to identify the needs of special education populations after initial testing is being documented in case studies outlining state MCT programs under a grant from NIE (Perkins, 1979). Rosewater (1979) predicts that although special educators and parents of handicapped children were not involved in the initial MCT movement, they will become more involved as the programs affect their children.

Concern: On-going development of the IEP and MCT processes generally are conducted by different divisions within the state, with little coordination and with incomplete knowledge regarding the other's processes.

No clear working relationship between development and implementation of the IEP and the MCT has been established (Rosewater, 1979). This may have resulted from responsibility for the IEP process having been placed with special education personnel, and the curriculum or research and evaluation personnel at state and local levels having been vested with responsibility for the MCT process. Since neither group may feel qualified to make decisions regarding the other's program, the groups may have avoided merging concepts.

If the handicapped are to be involved in the MCT process, the relationship between the individualized goals for the child and the goals for the school system need to be resolved. To do this, MCT and IEP personnel must work together.

There are dangers to MCT and IEP personnel inappropriately using the other's process. Testing and evaluation personnel might see their process as an appropriate procedure to place students into what they see as a remedial program, special education. However, P.L. 94-142 states that multiple instruments must be used for evaluation. The MCT may therefore be used as one of the instruments for evaluation, but not as the sole factor.

When the IEP is used as a substitute for the MCT, there is an assumption that the same concerns are addressed. However, there is only a tangential relationship between the IEP and the general goals of education and competency as defined by the state or local district. As a case in point, consider a situation in which the primary assessments of a child would be conducted by a clinically-oriented psychologist on the one hand, and an educationally-oriented psychologist on the other hand. In the former case, the IEP would deal with social or interpersonal interaction goals; whereas in the latter case, the goals would deal with specific academic skills. In both cases, the "needs of the child" could have been assessed and defined in the IEP. However, these needs are based on internal rather than external criteria. At the very least, the relationship between the individualized goals for the child and the goals for the school system are unclear.

Concern: MCT data collected on special education students are used inconsistently: sometimes being withdrawn, other times being ignored, and seldom being included in summative data.

Three conditions have led to a lack of data for making decisions about program improvement:

1. Tests for MCT are being modified inconsistently within and across local school districts.
2. Students are being exempted with inconsistent criteria.
3. Data on handicapped students are being withdrawn from district and state summaries.

With consistent tests, standards, and criteria for modifications and exemptions, the results could serve as one source of data for making decisions about needs for program improvement locally and statewide.

Gallagher and Hall (1979) argue that handicapped-children advocates need to be aware of public concerns for accountability. They argue that strategies should be developed for providing data which describe the status of the outcomes of our special education services in relation to the regular population.

Hull, Garvin, and Withey (1979) describe a model which may have promise for other states. In Vermont, it is the responsibility of the IEP team to define the degree to which a student will be addressing the minimum competencies defined by the board of education. This is done while formulating a multi-year plan. Students are exempted from mastering competencies only if they are found to have handicaps which limit their achievement. In such cases the IEP must define an alternative way to help the student master the skill, or define a substitute skill. The IEP may, for example, require the student to transact an item of business via telephone, in person, or through a friend, relative, or attorney, rather than by writing a business letter. Thus, exemptions are based on specific criteria, and the program is still related to the competencies defined by the state or local district.

Recommendations

1. Conduct joint task force and inservice training activity for IEP and MCT personnel to ensure the appropriate participation of handicapped students in MCT programs.
2. Establish formal and informal interagency and interdivisional agreements to coordinate between MCT and special education personnel.
3. If necessary, develop position papers to set forth concerns and recommendations relating to handicapped involvement in MCT programs.
4. Involve advocacy groups in the MCT process to insure cooperation in implementing MCT programs.
5. Define the MCT process as one form of screening under P.L. 94-142, and communicate limits of MCT as an evaluation device within the IEP; for example, use the MCT as one means to define the level of a skill on the IEP.
6. Using the competencies identified by the state or local district, delineate which competencies or alternative competencies in the IEP are to be addressed and the degree to which the student will participate in the MCT program. (Hull, Garvin, and Withey, 1979).
7. Develop procedures for MCT item analysis and for providing data to the IEP team for decisions regarding plans to achieve the competencies defined by the state or local district.
8. After reliable and valid tests are developed, prepare a clear plan defining how summative data will be used for making program decisions; for example, remedial programs and the development of curricular resources.
9. Develop IEPs on a multi-year basis with review and revisions annually.

Resources

- Local businessmen/employers
- Regional Resource Centers
- SEA/LEA divisions of evaluation and research
- Institutions of higher education, policy development institutes, and service branches
- The state or local MCT task force
- The Vermont Model
- The Delaware Model
- Professional organizations (e.g., ACLD, CEC, ARC)

The RRC as a Resource

The RRC has the capacity to respond to the issues raised earlier. As an objective third party, the RRCs can facilitate communication between special education and MCT personnel. This allows the RRCs to integrate concerns regarding specific procedures related to handicapped students, with concerns relating to the technical aspects of testing and program evaluation.

The RRCs have access to a variety of materials from state departments of education, institutions of higher education, and other agencies. Since the RRCs are designed to serve all educators of handicapped children in the nation, there is a pyramidal effect when one RRC contacts another to ask for information. RRCs in turn make contacts with sources within their own region. Resources include guidelines and documents prepared by state departments, unpublished papers prepared by staff members or other funding agency staff, and consultants available to assist the states. All of these means are brought to bear on the problem of concern.

More specifically, the RRC can provide the following services:

1. Respond to individual requests for information searches regarding minimum competency testing and the handicapped.
2. Assist in the development of awareness material regarding issues or procedures for special educators, regular educators, and parents.
3. Prepare in-depth resource packages which describe technical, theoretical, and practical aspects of minimum competency testing and the handicapped.
4. Assist in conducting needs assessments, research, and evaluation of the efficacy of different approaches and the impact of MCT programs.
5. Provide facilitators and support for task force activities in order to establish criteria for accommodations.
6. Assist in developing models or procedures for integrating MCT and IEP processes.
7. Develop training materials for implementors of MCT programs.
8. Provide initial support for test adaptations and field testing.
9. Conduct training workshops and conferences to equip implementors with specified criteria as applied to handicapped children.
10. Implement and assist in replication of projects which demonstrate the development, use, and distribution of test accommodations in LEAs.

Summary

The intent of this paper was to provide SEA and LEA personnel responsible for minimum competency testing programs and/or special education programs with information to reduce what Rosewater (1979) identified as potential harm that could come to handicapped students in MCT programs. The provisions of Public Law 94-142 and Section 504 of the Vocational Rehabilitation Act were analyzed in terms of their impact on MCT programs, including provisions for equal educational opportunity, due process, protection in evaluation procedures, and IEP provisions. The different interpretations of state MCT programs were described in terms of purpose, content, procedures and locus of control; and five different ways of accommodating the handicapped were delineated.

The following issues and concerns were then raised:

1. LEAs have been given broad discretion and authority in modifying tests for the handicapped, but have not been provided with guidance from the SEA. This has resulted in inconsistencies in test modifications for handicapped students and, as a result, potentially invalid results.
2. The rights of handicapped children may not have been safeguarded under MCT programs.
3. There has been a general lack of involvement of special educators in planning for MCT programs; the result is an unclear working relationship between the IEP and MCT processes.

While recognizing that the authority for MCT programs does not rest with the personnel responsible for special education, but with those responsible for the testing program, the authors recommended a variety of SEA and LEA activities to respond to these issues and concerns.

Since state and local special education personnel are sufficiently involved with current responsibilities under P.L. 94-142 and Section 504, it is imperative that the state have access to additional resources in order to respond to the needs presented by the MCT movement. The potential role of the RRC program in providing such assistance has been demonstrated. The RRCs are ready and able to respond to requests from SEAs for assistance in clarifying the issues of MCT and handicapped students. The futures of a great many students may be enhanced through a successful partnership of the RRCs and SEAs.

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